CORRIGENDUM

Frequency and Risk Factors of Subsyndromal Delirium in the Intensive Care Units: A Prospective Cohort Study [Corrigendum]


Following a review of the Wake Letter to the Editor published July 25, 2023, the authors have published this corrigendum.

On page 1003, the title should be “Prevalence and Risk Factors of Subsyndromal Delirium in the Intensive Care Units: A Prospective Case-Control Study”.

On page 1003, In the objective part of the abstract, “The aim of this study was to explore the prevalence and risk factors for SSD among adult patients admitted to the ICU of XXX hospital in Southwest China” should be “The aim of this study was to explore the prevalence and risk factors for SSD among adult patients admitted to the ICU of the Second Affiliated Hospital in Chongqing, Southwest China”. In the methods section of the abstract in the first sentence, “in XXX hospital” should have been deleted. In the results section of the abstract, 2nd sentence, “MMSE score” should have been “low MMSE score”.

On page 1004, Introduction section, 2nd and 3rd paragraph reference to “subdelirium syndrome” and “subdelirium” should be “SSD” in each case. In the 4th paragraph “The incidence of SSD in post-operative cardiac patients is 34%, the incidence of delirium in this group is 12%, and delirium occurs in approximately 2% of SSD patients” should be “In post-operative cardiac patients, SSD is reported at 34%, delirium is reported at 12%, and delirium occurs in approximately 2% of SSD patients”. In the 4th and 5th paragraphs “incidence” should have been “prevalence”.

On page 1004, Materials and Methods section, Study Design subsection “A single-center, prospective cohort study design was used in the present study” should have been “A single-center, prospective case-control study design was used in the present study. This study was informed by the STROBE guidelines for reporting observational epidemiological studies”.

On page 1005, Measurements section, 1st paragraph, 3rd sentence “Patients who exhibited fluctuations in condition, changes in cognitive level or level of consciousness, or were under analgesic and sedative medication, were assessed and recorded at all times until the patient was transferred from the ICU, or delirium or death occurred” should have been “Patients were evaluated at any time they experienced fluctuations in condition, changes in cognitive level or level of consciousness, or received analgesic and sedative medications. The endpoint of the assessment is the transfer of the patient out of the ICU, or the development of delirium or death.” 2nd paragraph, 3rd sentence “Patients with a score between 1 and 3 for the items are diagnosed with subclinical delirium” should have been “Patients with a score between 1 and 3 for the items are diagnosed with SSD”.

On page 1005, Data Analysis section, 1st paragraph, 2nd sentence “A previous study reported that the incidence of SSD is approximately 40%.17” should have been “A previous study reported that the prevalence of SSD is approximately 40%.17”.

3rd sentence “SDD incidence should have been “SSD incidence”.

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On page 1005, Data Analysis section, last paragraph, 2nd to last sentence “The patient’s last assessment before SSD occurred was used for case group and the highest total score was used for the control group to conduct univariate and regression analyses” should have been “Univariate regression analyses were performed using the patient’s first ICU admission for the control group and the highest total score for the case group”.

On page 1008, Table 1, 1st column, “Constraint” should have been “Restraint”.

On page 1010, Results section, Risk Factors subsection, the first paragraph should be “The difference between the two groups was statistically significant when comparing age, hypertension, history of mental illness, auxiliary ventilation, hemodialysis, activity status, number of medication ≥5, MMSE, body temperature ≥37.5°C, ADL, APACHEII and magnesium (P<0.05)”

On page 1010, Results section, Risk Factors subsection, 2nd paragraph, 2nd sentence “Multivariate analysis showed that the five factors were independently associated with SSD” should have been “Multivariate analysis showed that the five factors were independent risk factors for the occurrence of SSD”.

On page 1011, Table 2, 1st column, “Constraint” should have been “Restraint”.

On page 1013, Results section, Risk Factors subsection, in the final sentence “MMSE score” should have been “low MMSE score”.

On page 1013, Discussion section, 1st paragraph, “MMSE score” should have been “low MMSE score”.

On page 1014, Discussion section, Risk Factors subsection, 1st sentence, “Binary logistic regression analysis showed that previous history of mental illness, MMSE score, haemodialysis, mechanical ventilation and a body temperature ≥37.5 °C were associated with an increased risk of SSD in the ICU” should have been “Binary logistic regression analysis showed that previous history of mental illness, low MMSE score, haemodialysis, auxiliary ventilation and a body temperature ≥37.5 °C were independent risk factors for the occurrence of SSD in the ICU.”.

On page 1014, Discussion section, Strengths and Limitations of the Study subsection, 5th sentence, “Secondly, although patients in a coma, ICU patients under mechanical ventilation and sedation were excluded from the study. Moreover, there was subjective assessment by nurses who could not distinguish between the sedated state and SSD.” should have been “Secondly, although comatose and deeply sedated ICU patients were excluded, the sometimes nurses were unable to differentiate between sedation and SSD”.

On page 1014, Conclusion section, 2nd sentence “A history of previous psychiatric illness, MMSE scores, haemodialysis, a temperature ≥37.5°C and treatment with mechanical ventilation were associated with high risk of SSD occurrence” should have been “A history of previous mental illness, low MMSE scores, haemodialysis, a temperature ≥37.5°C and treatment with auxiliary ventilation were associated with being independent risk factors for developing SSD”.

The authors apologize for any inconvenience caused by these errors and for any confusion that may have arisen as a result. We would like to assure the readers that these corrections do not affect the results or conclusions of the paper and are intended only to improve the accuracy of the methodology and data presentation.